



Louisville Metro Air Pollution Control District **Open Records Request Form**

Provide information below to obtain records from APCD's electronic database. APCD will provide the requested documents through email whenever possible.

Request Date: _____

Provide your contact information and preferences:

Name: _____

Organization: _____

Address: _____

Phone: _____ Email: _____

General Purpose: ☐ Site Assessment ☐ Other: _____

I would like to inspect records in person on: _____

Describe the Records or provide Search Criteria: *Provide detail to locate the records or select below*

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

Select or Specify the Records: *Please select any or all of these APCD records listed you would like.*

☐ All Records Listed ☐ Permits ☐ Asbestos

☐ Notices of Violation ☐ Investigations ☐ Complaints

☐ Other: *(please specify)* _____

Define Search Limitations: *Define any limitations for the records search.*

☐ Company Only ☐ Site Address Only ☐ Company at Site Address Only

☐ Date Range: From: _____ To: _____

☐ No Limits -- I am requesting any and all documents.

APCD USE ONLY:

Date Received: _____ Date Sent: _____ Processed by: _____

Copies: _____ Invoice: _____ Comments: _____